## **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008754

Entity Name: SABAL TRACE SINGLE-FAMILY PROPERTY OWNERS'

ASSOCIATION, INC.

**Current Principal Place of Business:** 

C/O SW GATEWAY, INC 1532 RIO DE JANEIRO PUNTA GORDA, FL 33983

Current Mailing Address:

PO BOX 380758 MURDOCK, FL 33938

FEI Number: 20-1151452 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SW GATEWAY, INC 1532 RIO DE JANEIRO PUNTA GORDA, FL 33983 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KRISTINE WISHARD 03/26/2020

Electronic Signature of Registered Agent

Date

FILED Mar 26, 2020

**Secretary of State** 

6332791549CC

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title VF

 Name
 GAISER, RICHARD
 Name
 SEMMLER, LINDA

 Address
 PO BOX 380758
 Address
 P.O. BOX 380758

 City-State-Zip:
 MURDOCK FL 33938
 City-State-Zip:
 MURDOCK FL 33938

Title TREASURER Title SECRETARY

NameANDERSON, TERRYNameWALKER, DEBORAHAddressPO BOX 380758AddressPO BOX 380758City-State-Zip:MURDOCK FL 33938City-State-Zip:MURDOCK FL 33938

Title DIRECTOR Title MANAGER

 Name
 GROSSO, PAUL
 Name
 WISHARD, KRISTINE

 Address
 PO BOX 380758
 Address
 PO BOX 380758

 City-State-Zip:
 MURDOCK FL 33938
 City-State-Zip:
 MURDOCK FL 33938

City-State-Zip: MURDOCK FL 33938

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTINE WISHARD

**MANAGER** 

03/26/2020